

CLAIMS ONLY

Application Number

10/17/15126

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5		1					55					
6	1						56					
7		1					57					
8		1					58					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total							Total					
Indep	2						Indep					
Total	6						Total					
Depend							Depend					
Total	8						Total					
Claims							Claims					